

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/926184

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
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7		1					57						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	3						TOTAL						
TOTAL							IND.						
TOTAL							DEP.						
TOTAL							CLAIMS						